



Mental Health Update February 2, 2007

Point-in-Time Survey of Vermonters Experiencing Homelessness

State and community providers conducted a statewide count of Vermont's homeless population on January 25th. It was a first-of-its kind exercise, required by a HUD grant application for federal assistance. The Vermont State Housing Authority (VSHA), Department of Health, Division of Mental Health, and Data Remedies developed the form for the count, using a unique identifier to protect individual confidentiality and achieve an unduplicated count of Vermonters experiencing homelessness on that day. The VSHA expects to complete its report by the end of February 2006.

Vermont Psychiatric Survivors Submits Three-Year Grant

SAMHSA plans to award nine Statewide Consumer Network Grants across the country to help consumer organizations work with policymakers and service providers to improve services for consumers with serious mental illnesses. The program recognizes that consumers are the best and most effective change agents. Vermont Psychiatric Survivors has successfully applied twice before and now seeks \$70,000 a year to continue work on empowering mental health consumers to become leaders in the mental health system and to promote recovery and transformation throughout the system. The grant would be used to:

- Enhance leadership of consumers of mental health services through education, peer support and mentoring
- Decrease stigma by public education and sharing of personal recovery stories
- Enhance present recovery programs to reach out to those who do not have full access to recovery

Promoting Permanency for Children with Serious Mental Health Needs

In the past year, we have become increasingly concerned about the number of children in Division of Mental Health funded, long-term substitute treatment care that may range anywhere from 15 months to 8 years old.

In order to address this concern, the Children and Family Unit is implementing a series of steps to increase the level of expertise and knowledge around permanency issues in the public mental health community. It is hoped that by developing a new series of policies and procedures, the system of care can more effectively support a permanency focus in its work with children with intensive mental health needs. To accomplish this, CAFU is proposing the following initiatives:

- Plan and conduct a series of trainings throughout the state to raise awareness about the importance of developing lifelong connections and the role that mental health workers play in embedding this philosophy in their practice. The first training will take place here at VDH on Friday February 2nd.
- Work as a part of the State Interagency Team to develop an official permanency philosophy for the Agency of Human Services.

- Develop and adopt within the Division of Mental Health a more detailed permanency policy that will include practices for designated agencies to follow when placing children in any kind of DMH-funded substitute care. These practices include:
 - Using a child placement agreement -- a contract between parents and providers around their respective roles and responsibilities.
 - A more formal permanency policy that requires regular permanency reviews and plans.

CRT Co-occurring Housing/Residential Meeting

CRT housing and residential program managers met as part of the evidenced-based practices training and evaluation grant activity responsible for implementing integrated mental health and substance use services across all CRT programming. The group has been meeting for the last five months to

- 1) identify current capacity to provide stage appropriate housing options for CRT consumers with co-occurring disorders;
- 2) develop local and collaborative statewide DMH plans to address identified gaps in services; and
- 3) establish a shared learning community among Designated Agencies to enhance quality of housing services.

The group developed a survey for the housing and residential managers to help identify gaps in services. The survey will be sent to Designated Agencies in the next two weeks. The group will meet again on March 12 from 10-12 at VDH, 108 Cherry Street. For more information, contact committee co-chairs Brian Smith, bmsmith@vdh.state.vt.us, or Lis Mickenberg, lism@howardcenter.org

Vermont Integrated Services Initiative Steering Committee Meeting

The newly formed Steering Committee of the Vermont Integrated Services Initiative will meet Friday, February 9th at Langevin House, Vermont Technical College. This group is responsible for the general direction of the Vermont Integrated Services Initiative. It will guide and champion the vision for integrated services for people with co-occurring conditions, identify systemic barriers that inhibit the provision of integrated services and oversee the activities and progress of the goals of the Initiative.

The group will begin by learning more about the initiative and what work has been done in other states. Speakers and topics on February 9th are:

- Commissioner Thomas Kirk of Connecticut - how Connecticut is working on integrating health care
- John Challis of the Co-Occurring Center for Excellence - a national perspective on the successes and challenges of integrated services
- Dr. Todd Mandell - clinical perspective on the fundamental need to break down the silos which have created barriers to integrated health care in Vermont
- Dr. Mark McGovern of Dartmouth - measuring and enhancing mental health, addiction and primary care services to individuals with co-occurring conditions.

For more information about the Steering Committee, contact Paul Dragon, Integrated Services Chief, pdragon@vdh.state.vt.us or 802-652-2020.

FUTURES

Crisis Beds RFP: Timeline Update

Designated Agencies submitted six letters of intent to develop full crisis bed proposals. Given this many responses, the Department of Health extended the public comment period by one week and scheduled a second meeting (in addition to the public hearing) for presentation of proposals to the Review Panel. Dates and timelines are:

- Deadline for receipt of written proposals February 9
- Public comment period extended February 20 to March 12
- Proposals posted for public comment February 20
- Proposals presented to Review Panel & public February 20
 - 3:00 – 6:00 Hampton Inn, Colchester
 - Off I-89, Exit 16
- Public hearing February 26
 - 5:00 – 7:00 Skylight Conference Room, Waterbury, after Advisory Committee
- Acting Health Commissioner issues decision March 16

View the full schedule on <http://healthvermont.gov/mh/mhindex.aspx> by clicking on the Request for Proposal button on the brown navigational bar to the right.

VSH

Department of Justice Report

The Vermont State Hospital expects to receive the first monitoring report from the Department of Justice next week. This report is to establish a baseline by which to measure progress at VSH towards improvements in the 10 key areas of the settlement agreement. Therefore we do not anticipate the work in any of the areas to be considered complete at this time. The agreement established timeframes for completing the improvements in each of the key areas as noted below.

- Integrated treatment planning (timeframe 30 months)
- Mental health assessments (18-24 months)
- Discharge planning and community integration (6-30 months)
- Specific treatment services (30 months)
- Documentation (30 months)
- Restraint, seclusion, and emergency psychotropic medication (6-24 months)
- Protection from harm (6 months)
- Incident management (6 months)
- Quality improvement (30 months)
- Environmental conditions (12 months)

We will post the report to the website with next week's update.

VERMONT STATE HOSPITAL CENSUS

The Vermont State Hospital Census was 51 as of midnight Wednesday night.